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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 11/600004	(	TIYOR TOWN SOUTH H	ADLEI
APPLICATION FOR	RENEWAL:	Annual LICENSED FOR 2013		
		CLASS		YEAR
DOING BUSINESS A	11 BRIDGE STREET I A RIVERSIDE CAFÉ	LLC		
ADDRESS 30 BRIDO				
CITY/TOWN: SOU	TH HADLEY	STATE: MA	ZIP CODE: 01075	
MANAGER: YIM,	SOKHARUN TYPE C	F LICENSE: Resta	nurant CATEGORY:	All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF I	LICENSED PREMISES:			
			APPROX. 1200 S/F FOR STOI AND EXIT AT REAR OF BL	
•	wear under penalties of p	<i>5</i> •		
		• •	ame premises now licensed;	
	e has complied with all less are now open for busi		onwealth relating to taxes; and n below)	
SIGNED BY:	Individual, Partner or A	Authorized Corpora	ate Officer	
DATE:	TELEPHONE N	UMBER:	EMPLOYER IDENTIFICATE (Note: NOT Individual Social S	
Acts of 2004, signed	by the building inspec	tor and the head o	certificate required by Chapt of the fire department for the quired by Chapter 116 of the	above named
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:	in)			
(If disapproved explain	III <i>)</i>			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	17600005		CITY OR TOWN	SOUTH HA	ADLEI
APPLICATION FOR F	RENEWAL:	Annual	LICENS	ED FOR 20	013
		CLASS			YEAR
DOING BUSINESS A ADDRESS 60 BRIDGE CITY/TOWN: SOUT MANAGER: ISAKSO F. EMAIL ADDRESS: DESCRIPTION OF LIG	E ST.  H HADLEY S  ON. DAVID TYPE OF  EASE ALSO VISIT OUR WEBSITE  CENSED PREMISES:  ear under penalties of pe	TATE: MA LICENSE: Res  AND ENTER YOUR EM	AIL ADDRESS	01075 TEGORY:	All Alcohol
1. the renewed	license will be of the sa	me type for the	same premises now l	icensed;	
2. the licensee	has complied with all la	ws of the Comm	onwealth relating to	taxes; and	
3. the premises	are now open for busin	ess (If not expla	in below)		
SIGNED BY:	Individual, Partner or Au TELEPHONE NU				TON NUMBER: ecurity Number)
Acts of 2004, signed b	attest that we are in po y the building inspecto tificate of liquor liabili	or and the head	of the fire departm	ent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICENSE By:	NG AUTHO	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 117600008		CITY OR TOWN SO	UTH HADLEY
APPLICATION F	OR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: THE BEAN GROU	JP LLC		
DOING BUSINES	SS A JOHNNY'S BAR	AND GRILL		
ADDRESS 023-25	5 COLLEGE ST.			
CITY/TOWN: SO	OUTH HADLEY	STATE: MA	ZIP CODE: 01	075
	EE RONDEAU, TYP NITA S.	PE OF LICENSE:Res	taurant CATE	GORY: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION O	F LICENSED PREMIS	SES:		
TO 2,000 CONDI' PREVENT THE P	TION OF APPROVAL	: PATIO MUST BE I DERING IN & OUT.	ET AND EXTENSION ( FENCED OR ROPED C FUNCTION ROOM WI CT BOARD OFFICE	FF TO
I hereby certify and	d swear under penalties	of perjury that:		
1. the rene	ewed license will be of	the same type for the	same premises now licer	nsed;
	•		nonwealth relating to tax	es; and
3. the prei	mises are now open for	business (If not expla	in below)	
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHON	E NUMBER:		NTIFICATION NUMBER: al Social Security Number)
Acts of 2004, sign	ned by the building ins	pector and the head	e certificate required by l of the fire department equired by Chapter 110	for the above named
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved ex	nloin)			
(II disapproved ex	piaiii)			
DATE:			-	<del></del>



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 117600009		CITY OR TOWN	SOUTH HADLEY
APPLICATION FOI	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
	CHANTHAVONG, PI A THAI PLACE THRE ANBY RD.	HONESAVAHN		
CITY/TOWN: SOU	JTH HADLEY	STATE: MA	ZIP CODE:	01075
	NTAVONG, TYPE ONESAVAHN	OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBSIT		MAIL ADDRESS	
	LICENSED PREMISES			WIEN ADEA TWO
	CH HAS FOUR SEPARA , SOUTH SIDE EXIT,NO			
2. the licens	red license will be of the ee has complied with all ses are now open for bus  Individual, Partner or A	laws of the Cominess (If not expl	monwealth relating to ain below)	
DATE:	TELEPHONE N		(Note: NOT Ind	IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed	d by the building inspec	tor and the hea	d of the fire departr	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:11/600010		CITYO	RIOWN	SOUTHIL	ADLEI
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	BEAN PROPERTI	ES LLC				
DOING BUSINESS A	A					
ADDRESS 489 GRA	NBY RD.					
CITY/TOWN: SOU	TH HADLEY	STATE: MA	ZIP	CODE:	01075	
MANAGER: YEE,	EDISON TYPE	PE OF LICENSE:R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
I	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRES	SS		_
DESCRIPTION OF I	LICENSED PREMIS	SES:				
TWO STORY BUILI ENTRANCES AND I OUTSIDE PATIO						DE.
I hereby certify and sv	wear under penalties	of perjury that:				
1. the renewe	ed license will be of	the same type for th	e same pre	mises now	licensed;	
2. the license	ee has complied with	all laws of the Con	nmonwealth	n relating t	to taxes; and	
3. the premis	es are now open for	business (If not exp	olain below	)		
SIGNED BY:			o co			
	Individual, Partner	or Authorized Corp	oorate Offic	cer		
DATE:						
DATE:	TELEPHON	E NUMBER:				FION NUMBER: Security Number)
				<u> </u>		recurry rameer,
We the undersigned Acts of 2004, signed license and (2) the c	by the building ins	spector and the hea	ad of the fi	re depart	ment for the	above named
Please Check Below:			LOCA	L LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:	:)					
(If disapproved explain	ш)					
DATE:						<u> </u>
APPLICATION FOR RENEW	'AL MUST BE FILED BY L'	ICENSEES DURING THE	MONTH OF N	OVEMBER (N	И.G.L. Ch. 138 \$ 1	6A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600011	CITY OR TOWN SOUTH HADLEY
APPLICATION FOR RENEWAL:	Annual LICENSED FOR 2013
C	CLASS YEAR
LICENSEE NAME: FERNANDEZ FAMILY RE	STAURANT,INC
DOING BUSINESS A ELEGANCIA EVENT AND	D MEETING ROOM
ADDRESS	
CITY/TOWN: SOUTH HADLEY STAT	TE: MA ZIP CODE: 01075
MANAGER: RODRIGUEZ, ADA TYPE OF LIC	CENSE:Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND E	ENTER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE STORY FRAME AND CINDER BLOCK BL RESTAURANT AND LOUNGE. BACK PORTIOI ENTRANCES ARE IN FRONT OF BLDG AND S	
I hereby certify and swear under penalties of perjury	y that:
1. the renewed license will be of the same t	
2. the licensee has complied with all laws of	
3. the premises are now open for business (	(If not explain below)
SIGNED BY: Individual, Partner or Author	rized Corporate Officer
DATE: TELEPHONE NUMB	EER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
	individual social security (value)
Acts of 2004, signed by the building inspector ar	ssion (1) the certificate required by Chapter 304 of the nd the head of the fire department for the above named nsurance required by Chapter 116 of the Acts of 2010.
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	Ву:
DISAPPROVED:	
(If disapproved explain)	



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 117600012		CITY OR TOW	N SOUTH H.	ADLEY
APPLICATION FOR	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 515 GRA		ENS CLUB INC.	OF SOUTH HAD	LEY	
CITY/TOWN: SOU	TH HADLEY	STATE: MA	ZIP CODE:	01075	
MANAGER: LIPS M.	COMB, JANET TYPE	E OF LICENSE:CI	ub	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
ļ	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR F	CMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISE	ES:			
FIRST FLOOR AND STORAGE	PART OF CELLAR	FOR THE SALE (	OF LIQUOR PART	Γ OF CELLAR	FOR
I hereby certify and s	wear under penalties of	of perjury that:			
1. the renew	ed license will be of th	e same type for the	e same premises no	w licensed;	
2. the license	ee has complied with a	ll laws of the Com	monwealth relating	g to taxes; and	
3. the premis	ses are now open for b	usiness (If not exp	lain below)		
SIGNED BY:	Individual, Partner o	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOY	ER IDENTIFICAT	ΠΟΝ NUMBER:
			(Note: NOT)	Individual Social S	Security Number)
Acts of 2004, signed	d, attest that we are in I by the building insperentificate of liquor li	ector and the hea	d of the fire depar	rtment for the	above named
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	• `				
(If disapproved expla	un)				
			-		
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED BY LIC	ENSEES DURING THE N	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 117600013		CITY OR TOWN	SOUTH HA	ADLEY
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: Colonel Woodh	oridge's Tavern, Inc			
DOING BUSI	NESS A				
ADDRESS 3 I	HADLEY ST.				
CITY/TOWN:	SOUTH HADLEY	STATE: MA	ZIP CODE:	01075	
MANAGER:	MARSHALL, SCOTT D.	ΓΥΡΕ OF LICENSE:R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		1
	N OF LICENSED PRE				
	T FLOOR, PATIO IN		SEMENT IS USED A	AS STORAG	E
•	y and swear under penal				
	renewed license will be	• •	•		
2. the	licensee has complied v	with all laws of the Cor	nmonwealth relating to	o taxes; and	
3. the	premises are now open	for business (If not exp	plain below)		
SIGNED BY:					
	Individual, Par	tner or Authorized Cor	porate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	lividual Social Se	ecurity Number)
We the under	rsigned, attest that we	are in necession (1) t	ha cartificata require	nd by Chante	or 304 of the
	signed, attest that we signed by the building				
license and (2	2) the certificate of liqu	or liability insurance	required by Chapte	r 116 of the <i>A</i>	Acts of 2010.
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI	ED:		•		
(If disapproved	d explain)				
			-		
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 117600015		CITY OR TOWN	SOUTH HA	DLEY
APPLICATION	FOR RENEWAL:	Annual	LICEN	NSED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAI	ME: HUANG FAMILY	RESTAURANTS 1	LLC		
DOING BUSIN	ESS A ICHIBAN				
ADDRESS 2090	) MEMORIAL DRIVE				
CITY/TOWN:	SOUTH HADLEY	STATE: MA	ZIP CODE:	01075	
	HUANG, HANG TYP ZHANG	E OF LICENSE: R	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		
	OF LICENSED PREMIS				
	Y BLDG WITH BASEMI A LARGE REAR DININ				
I hereby certify a	and swear under penalties	of perjury that:			
1. the re	enewed license will be of t	he same type for th	e same premises nov	w licensed;	
2. the li	censee has complied with	all laws of the Con	nmonwealth relating	to taxes; and	
3. the pr	remises are now open for	ousiness (If not exp	olain below)		
SIGNED BY:	Individual, Partner	or Authorized Com	porata Officar		
	marviduai, Farmei	of Authorized Corp	oorate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOYE	ER IDENTIFICATI	ON NUMBER:
	TEEDI II OI VI	artember.	(Note: NOT In	ndividual Social Se	curity Number)
Acts of 2004, si	igned, attest that we are igned by the building ins the certificate of liquor l	pector and the hea	ad of the fire depar	tment for the a	above named
Please Check Below	<u>r:</u>		LOCAL LICEN	SING AUTHO	RITY
APPROVED:			By:		
DISAPPROVEI (If disapproved of					
(11 disappioved t	onpiam)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600016	CITY OR TOWN SOUTH HADLEY						
APPLICATION FOR RENEWAL: Annu	al LICENSED FOR 2013						
CLAS	SS YEAR						
LICENSEE NAME: WILLITS-HALLOWELL CENT	ER INC.						
DOING BUSINESS A							
ADDRESS MT. HOLYOKE COLLEGE							
CITY/TOWN: SOUTH HADLEY STATE:	MA ZIP CODE: 01075						
MANAGER: ZUBI, IMAD TYPE OF LICENS	SE:Club CATEGORY: All Alcohol						
EMAIL ADDRESS:							
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS							
DESCRIPTION OF LICENSED PREMISES:							
TWO STORY BLDG, BASEMENT AND GROUND LEVEL DINING ROOM BANQUET HALL							
I hereby certify and swear under penalties of perjury that	t:						
1. the renewed license will be of the same type	for the same premises now licensed;						
2. the licensee has complied with all laws of the	Commonwealth relating to taxes; and						
3. the premises are now open for business (If no	ot explain below)						
SIGNED BY:							
Individual, Partner or Authorized	Corporate Officer						
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:						
	(Note: NOT Individual Social Security Number)						
We the undersigned, attest that we are in possession	(1) the certificate required by Chapter 304 of the						
Acts of 2004, signed by the building inspector and the	ne head of the fire department for the above named						
license and (2) the certificate of liquor liability insur	ance required by Chapter 116 of the Acts of 2010.						
Please Check Below:	LOCAL LICENSING AUTHORITY						
APPROVED:	By:						
<u> </u>							
(If disapproved explain)							
	<del></del>						
DATE:							
DISAPPROVED: [ [ ] (If disapproved explain)							
DATE:							



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 117600017		CITY OR TOWN	SOUTH HADLEY
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICENS	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 500 NEV				IEAR
CITY/TOWN: SOU	JTH HADLEY	STATE: MA	ZIP CODE:	01075
	JRANGEAU, TYPE VARD R.	OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS	
ONE STORY BLDC	LICENSED PREMISES G CONSISTING OF BA ALL ON FIRST FLOOI	RROOM AND C		E, KITCHEN AND
	see has complied with all ses are now open for bu  Individual, Partner or	siness (If not expla	ain below)	o taxes, and
DATE:	TELEPHONE 1	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signe	d by the building inspe	ector and the head	l of the fire departr	ed by Chapter 304 of the ment for the above named 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	11/600018		CITY OR TOW.	N SOUTH I	ADLEI
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	SOUTH HADLEY	CAFE, INC.			
DOING BUSINESS A	A HALFWAY HOU	SE			
ADDRESS 322 NEW	TON ST.				
CITY/TOWN: SOU'	ГН HADLEY	STATE: MA	ZIP CODE:	01075	
MANAGER: YEE,	NICHOLAS TYP	E OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	ES:			
ONE STORY BRICK	BLDG WITH 2 EX	ITS. 980 SQ FT			
I hereby certify and sv	vear under penalties	of perjury that:			
	d license will be of the	• •	-		
	e has complied with		•	g to taxes; and	
3. the premise	es are now open for b	ousiness (If not exp	lain below)		
SIGNED BY:	Individual, Partner	or Authorized Corn	orate Officer		
	marviduai, i artiici v	or Authorized Corp	orate officer		
DATE:	TELEDIJONI	E MUMBED.	FMPI OY	YER IDENTIFICA	TION NUMBER:
<i>21112.</i>	TELEPHONE	i NUMBER:		Individual Social S	
					•
We the undersigned Acts of 2004, signed					
license and (2) the co					
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved explai	n)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 117600019		CITY	OR TOWN	SOUTH HA	ADLEY
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	)13
		CLASS				YEAR
LICENSEE NAME:	ALFREDO FALVO	& ROSA MAR	IA FALVO			
DOING BUSINESS	A FAMILY PIZZA	& GRINDERS				
ADDRESS 334 NEV	WTON ST.					
CITY/TOWN: SOU	UTH HADLEY	STATE: N	1A ZII	P CODE:	01075	
MANAGER:	TYP	E OF LICENSE	:Restaurant	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE		UR EMAIL ADDR	RESS		
	LICENSED PREMIS					
	CTED BLDG WITH I RANCE AND TWO E				R SIDES. 120	00 SQ FT
I hereby certify and	swear under penalties	of perjury that:				
1. the renew	ved license will be of t	he same type for	the same pi	remises now	licensed;	
2. the licens	see has complied with	all laws of the C	Commonweal	lth relating t	o taxes; and	
3. the premi	ises are now open for	business (If not	explain belo	w)		
SIGNED BY:	Individual, Partner	or Authorized C	ornorate Off	ficer		
	marviadai, i armer	or rumonzed C	orporate on	ileei		
DATE:	TELEPHON	E NII IMRER:		EMPLOYE	R IDENTIFICAT	TON NUMBER:
	TELETHON	E NUMBER.	(1)			ecurity Number)
*** 41 1 .	1 44 441 4	• • (4	\		11 61 4	204 641
	d, attest that we are d by the building ins					
license and (2) the	certificate of liquor	iability insuran	ce required	by Chapte	er 116 of the	Acts of 2010.
Please Check Below:			LOC	AL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: [ (If disapproved expl	oin)					
(11 disappioved expi	a111 <i>)</i>					
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 11/60	0021	CITY OR TOWN	N SOUTH HADLET	
APPLICATION FOR RENE	WAL: Annua	l LICE	ENSED FOR 2013	
	CLAS	S	YEAR	
LICENSEE NAME: PIONI	EER VALLEY, INC			
DOING BUSINESS A STO	NEY'S PUB			
ADDRESS 0001-3 BRIDGE	ST			
CITY/TOWN: SOUTH HA	DLEY STATE:	MA ZIP CODE:	01075	
MANAGER: TABAK, JOI	HN TYPE OF LICENS	E:Restaurant	CATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE AI	SO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS		
DESCRIPTION OF LICENS	SED PREMISES:			
EXTENSION REQUESTED	TO INCLUDE FRONT CH	EMENT PAD AND REA	AR WOODEN PORCH.	
I hereby certify and swear un	der penalties of perjury that	:		
1. the renewed licen	se will be of the same type f	or the same premises no	w licensed;	
2. the licensee has co	omplied with all laws of the	Commonwealth relating	g to taxes; and	
3. the premises are n	now open for business (If no	t explain below)		
SIGNED BY:				
Indivi	dual, Partner or Authorized	Corporate Officer		
DATE:	TELEPHONE NUMBER:	EMPLOY	ER IDENTIFICATION NUMBER:	
	TEEEI HOIVE WOMBER.	(Note: NOT	(Note: NOT Individual Social Security Number)	
We the undersigned, attest			ired by Chapter 304 of the rtment for the above named	
			ter 116 of the Acts of 2010.	
Please Check Below:		LOCAL LICE	NSING AUTHORITY	
APPROVED:		By:		
DISAPPROVED:		·		
(If disapproved explain)				
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 117600022		CITY OR TOWN	SOUTH HADLEY
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 21 LYM	A THE COZY OAK	S.S.		
CITY/TOWN: SOU	JTH HADLEY	STATE: MA	ZIP CODE:	01075
	TTNEY, TYF	PE OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WI		MAIL ADDRESS	
DETACHED WOO	LICENSED PREMIS  D FRAME BLDG CO  LOCATED OFF LYM	ONSISTING OF A R		JNGE, ENTRANCES
	see has complied with ises are now open for Individual, Partner		ain below)	o taxes; and
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signe	d by the building ins	spector and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 11/600023		CITY OR TOWN SOUTH	I HADLE I
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
	AME: MARLYN CORP NESS A LIQUOR TOWN BRIDGE ST			
	SOUTH HADLEY	STATE: MA	ZIP CODE: 01075	
MANAGER:		E OF LICENSE: Pac		Y: All Alcohol
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMISE	ES:		
CINDER BLO	OCK BLDG, ONE ROOM 40	X 24 AND ONE R	ROOM 40 X 26, NO CELLAR	1
	premises are now open for b	usiness (If not expl		nd
	,	·		
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUT	THORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	1/60002/		CITY OR TO	OWN SOUTH	IADLE I
APPLICATION FOR I	RENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: S DOING BUSINESS A ADDRESS 568 NEWT	WHITE WIN				
CITY/TOWN: SOUT	H HADLEY	STATE: M	A ZIP COI	DE: 01075	
MANAGER:		TYPE OF LICENSE:	Package Store	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LIFERST FLOOR OF ON I hereby certify and sweet of the renewed 2. the licensee	CENSED PRE E STORY BL ear under pena license will be has complied	DG, CELLAR FOR S	TORAGE the same premise		
SIGNED BY:	Individual, Par	rtner or Authorized Co	rporate Officer		
DATE:	TELEPH	HONE NUMBER:		PLOYER IDENTIFICA	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LI By:	ICENSING AUTH	IORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600028		CITY OR TOWN	SOUTH HA	ADLEY
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: PIONEER VALI	LEY LIQUOR SALES	,INC.		
DOING BUSINESS A ALLERYS				
ADDRESS 314 NEWTON STREET				
CITY/TOWN: SOUTH HADLEY	STATE: MA	ZIP CODE:	01075	
MANAGER: FERRARI, CESARE T	YPE OF LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		-
DESCRIPTION OF LICENSED PREM	IISES:			
RETAIL STORE ENTRANCE NORTH FRONT, DELIVERY DOOR IN REAR. STORAGE, SIDE ENTRANCE ON NO	FIRST FLOOR USEI			)R
<ol> <li>the renewed license will be of</li> <li>the licensee has complied wife.</li> <li>the premises are now open for</li> </ol>	th all laws of the Com	monwealth relating to		
SIGNED BY: Individual, Partn	er or Authorized Corp	orate Officer		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600029		CITY OR TOWN	SOUTH HA	ADLEY
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	)13
	CLASS			YEAR
LICENSEE NAME: RAJ LIQUORS,	INC.			
DOING BUSINESS A GAGNE'S MA	RKET			
ADDRESS PEARL ST & AMHERST				
CITY/TOWN: SOUTH HADLEY	STATE: MA	ZIP CODE:	01075	
MANAGER: SHEIKH, T' MOHAMMED A.	YPE OF LICENSE:Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LICENSED PREM	IISES:			
SINGLE STORY BUILDING, SALES ENTRANCE IN FRONT, SIDE DOOR			AR. MAIN	
2. the licensee has complied with 3. the premises are now open for a second open for the premise are now open for the premise are no		_	taxes; and	
SIGNED BY: Individual, Partn	ner or Authorized Corpo	rate Officer		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS	ING AUTHO	ORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 117600030		CITY OR TOWN	SOUTH HA	ADLEY
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	JOHN A. AND	ALICIA F. MAGRI			
DOING BUSINESS	A TAILGATE PI	CNIC			
ADDRESS 7 COLLE	EGE STREET				
CITY/TOWN: SOU	TH HADLEY	STATE: MA	ZIP CODE:	01075	
MANAGER:	Т	YPE OF LICENSE: Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:		-			
ī	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I					
		HE VILLAGE COMN	MONS, APP., 3,000 S	Q.FT.	
I hereby certify and s	_				
		of the same type for the	=		
	=	ith all laws of the Confor business (If not exp	=	taxes; and	
	es are now open r	or ousness (if not exp	Main below)		
SIGNED BY:					
SIGNED 51.	Individual, Partr	ner or Authorized Corp	oorate Officer		
DATE:	TELEPHO	ONE NUMBER:			TON NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:					
•					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	17600035		CITY OR TO	WN SOUTH H.	ADLEY
APPLICATION FOR R	ENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: V	VONGS NORTHE	AST, INC.			
DOING BUSINESS A	MANDARIN GOU	RMET			
ADDRESS 501 NEWT	ON ST				
CITY/TOWN: SOUTH	HADLEY	STATE: MA	ZIP CODE	E: 01075	
MANAGER: WONG	, MICHAEL TYPE	E OF LICENSE:R	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LIC					
GROUND FLOOR ARI MINIMUM OF TWO E				EWTON ST, WI	ТН А
2. the licensee l	ar under penalties of license will be of the has complied with a are now open for be	e same type for the ll laws of the Con	nmonwealth relati		
SIGNED BY:	ndividual, Partner o	r Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICAT f T Individual Social S	
We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building insp	ector and the he	ad of the fire dep	partment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(11 disapproved explain)					
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 11/600036		CITY OR TOW	N SOUTH I	ADLEI
APPLICATION FO	OR RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	E: ORCHARDS , LLC	2.			
DOING BUSINES	S A THE ORCHARD	S GOLF CLUB			
ADDRESS 18 SIL	VERWOOD TERRAC	E			
CITY/TOWN: SC	OUTH HADLEY	STATE: MA	ZIP CODE:	01075	
MANAGER: STI S.	ICKELS,JAMES TYP	E OF LICENSE:Clu	b	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMIS	SES:			
REAR EXIT. 18 H GOLF COURSE A AND EXHIBIT 2 F	AME CLUBHOUSE, B OLES OF THE GOLD ND THE AERIAL VII RESPECTIVELY TO I IOLE 13 LOCATED II	COURSE AS SHOW EW ATTACHED HE BE SOLD FROM ON	WN ON THE SC ERETO AND MA NE (1) BEVERA	ORE CARD O ARKED AS EX GE CART, WO	F THE HIBIT 1
I hereby certify and	l swear under penalties	of perjury that:			
1. the rene	wed license will be of t	the same type for the	same premises no	ow licensed;	
2. the licen	isee has complied with	all laws of the Comm	nonwealth relatin	g to taxes; and	
3. the pren	nises are now open for	business (If not expla	in below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E MIMRED.	EMPLO'	YER IDENTIFICA	TION NUMBER:
	TEELITION	E NOMBER.		Individual Social	
Acts of 2004, sign	ed, attest that we are ed by the building ins e certificate of liquor l	pector and the head	of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	1				
(If disapproved exp	olain)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 117600037		CITY OR TOWN	SOUTH H	ADLEY
APPLICATION FOR RENEWAL: Annual			LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	TOWN OF SOUTH H	IADLEY			
DOING BUSINESS	A LEDGES GOLF CO	URSE			
ADDRESS 18 MUL	LIGAN DR				
CITY/TOWN: SOU	JTH HADLEY	STATE: MA	ZIP CODE:	01075	
	RTBARGER, TYPE ( HAEL	OF LICENSE:Ge	eneral on Cemise	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		_
	LICENSED PREMISES				
	CLUBHOUSE-SEE ATT AS WELL AS OUTSIDE				OP
I hereby certify and s	swear under penalties of	perjury that:			
1. the renew	ved license will be of the	same type for the	e same premises nov	v licensed;	
2. the licens	ee has complied with all	laws of the Com	monwealth relating	to taxes; and	
3. the premi	ses are now open for bus	siness (If not expl	ain below)		
SIGNED BY:	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	NUMBER:			FION NUMBER: Security Number)
Acts of 2004, signe	d, attest that we are in d by the building inspec certificate of liquor lial	ctor and the hea	d of the fire depart	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	ain)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 11	7600038		CITY OR TOWN	N SOUTH HADLEY
APPLICATION FOR RI	ENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAME: D.	P. PARTHENON,	INC		
DOING BUSINESS A	PARTHENON RES	STAURANT		
ADDRESS 475 NEWTO	ON ST			
CITY/TOWN: SOUTH	HADLEY	STATE: MA	ZIP CODE:	01075
MANAGER: PANANA DIMITIR		OF LICENSE:	Restaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:				
PLEA	SE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LIC	ENSED PREMISE	ES:		
FREE STANDING BLD SIDE ENTRANCE ON S BLDG.	SIDE OF BLDGP	PARKING LOT		
SIGNED BY:	are now open for bu			
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICATION NUMBER: ndividual Social Security Number)
Acts of 2004, signed by	the building insp	ector and the he	ad of the fire depar	ired by Chapter 304 of the tment for the above named ter 116 of the Acts of 2010.
Please Check Below: APPROVED:				ISING AUTHORITY
DISAPPROVED: [			By:	
DATE:				<u></u>



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	3:11/600039		CITY OR TOWN	3001H H	ADLEI
APPLICATION FOR	R RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 020-26 M CITY/TOWN: SOU	A EGG & I MAIN ST	STATE: MA	ZIP CODE:	01075	
MANAGER: SIMA	ARD, DAVID J. TYPE	OF LICENSE: Res	taurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS LICENSED PREMISE		IAIL ADDRESS		
<ol> <li>the renew</li> <li>the license</li> </ol>	wear under penalties of the declicense will be of the declicense will be of the declicense with a declicense are now open for but the declicense are now open for but the decline with a d	e same type for the Il laws of the Comn	nonwealth relating		
SIGNED BY:	Individual, Partner o	r Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
Acts of 2004, signed	l, attest that we are in I by the building insper certificate of liquor lia	ector and the head	of the fire depar	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	in)		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	117600041		CITY OR TO	OWN SO	UTH HA	DLEY
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED	FOR 20	13
		CLASS			,	YEAR
LICENSEE NAME: DOING BUSINESS A						
ADDRESS 19 COLLE	GE STREET					
CITY/TOWN: SOUT	'H HADLEY	STATE: MA	ZIP COD	DE: 01	075	
MANAGER: ANISC J.	CHIK, ALAN TYPE	E OF LICENSE:	Restaurant	CATEO	GORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION OF LI	CENSED PREMISE	ES:				
APPROX. 2200 S/F O 600 S/F BAR/LOUNG AND ONE DELIVER	E SPACE AND BA	LANCE FOR DI	NING. 2 CUSTO	OMER ENT	ΓRANCE	The second secon
I hereby certify and sw	ear under penalties o	of perjury that:				
1. the renewed	l license will be of th	e same type for t	he same premise	s now licen	ised;	
2. the licensee	has complied with a	ll laws of the Co	mmonwealth rela	ting to taxe	es; and	
3. the premise	s are now open for b	usiness (If not ex	plain below)			
SIGNED BY:	Y 11 1 D		OST			
	Individual, Partner o	r Authorized Coi	porate Officer			
DATE:	TELEPHONE	NUMBER:				ON NUMBER:
We the undersigned, Acts of 2004, signed license and (2) the ce	by the building insp	ector and the he	ead of the fire d	epartment	for the	above named
Please Check Below:			LOCAL LI	CENSING	AUTHO	RITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	1)					
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 117600043		CITY OR TOV	WN SOUTH H	ADLEY		
APPLICATION FO	R RENEWAL:	Annual	Annual LICENSED FOR 2013				
		CLASS			YEAR		
LICENSEE NAME:	: TRUSTREES OF	MOUNT HOLY	OKE COLLEGE				
DOING BUSINESS	A KENDADE AT	RIUM/MOUNT H	OLYOKE COLLEC	GE			
ADDRESS 50 COL	LEGE						
CITY/TOWN: SO	UTH HADLEY	STATE: N	IA ZIP CODE	i: 01075			
MANAGER: ZUE	BI,IMAD TY	PE OF LICENSE	:General on premise	CATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS	:						
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YO	UR EMAIL ADDRESS				
DESCRIPTION OF	LICENSED PREM	ISES:					
THREE FLOOR OF CAFÉ.AN ENT/EX ON SOUTH SIDE.A ATRIUM. THERE I ATRIUM AS WELI	IT ON THE NORTI AN ELEVATOR IS IF AN ENT/EXIT I	H SIDE OF THE A LOCATED ON T IN NORTHWEST	ATRIUM AND ANI HE SOUTHWEST ( AND SOUTHEAST	O AN ENTRANC CORNER OF TH Γ CORNERS OF	CE/EXIT IE THE		
I hereby certify and	swear under penaltie	es of perjury that:					
1. the renev	wed license will be o	f the same type for	the same premises	now licensed;			
	see has complied wit			ng to taxes; and			
3. the prem	ises are now open fo	or business (If not e	explain below)				
SIGNED BY:	Individual, Partne	er or Authorized C	orporate Officer				
D 4 000							
DATE:	TELEPHO:	NE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
			(Note. 140)	L individual Social S	security Number)		
Acts of 2004, signe	ed, attest that we ar ed by the building in certificate of liquo	nspector and the	head of the fire dep	artment for the	above named		
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY		
APPROVED: By:							
DISAPPROVED:							
(If disapproved expl	.aiii)						
DATE:							



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 117600044		CITY (	OR TOWN	SOUTH HA	ADLEY
APPLICATION	N FOR RENEWAL:	Annu	al	LICENSED FOR 2013		
		CLAS	SS			YEAR
DOING BUSIN	AME: 4 BROTHERS NESS A I GRANBY ROAD	S GOURMET LLC				
	SOUTH HADLEY	STATE:	MA ZIF	P CODE:	01075	
	GIFFORD, WILLIAM M.	TYPE OF LICENS			ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER	YOUR EMAIL ADDR	ESS		_
DESCRIPTION	N OF LICENSED PRI	EMISES:				
GARAGE ARE BUILDING, A EXITS SHALL DELIVERY EN	REA TO BE LICENS) EA. THE MAIN ENT DJACENT TO THE I L CONSIST OF AN E NTRANCE LOCATE OF THE BUILDING	RANCE WILL BE PARKING LOT, FA XIT LOCATED O D AT THE REAR	LOCATED O ACING FROM N THE FROM OF THE BUIL	ON THE LEF I THE GRAI I OF THE E LDING AND	FT SIDE OF ' NBY ROAD. BUILDING, A	THE THE A
I hereby certify	and swear under pena	alties of perjury tha	t:			
2. the l	renewed license will b licensee has complied premises are now open	with all laws of the	Commonweal	th relating to		
SIGNED BY:	Individual, Pa	rtner or Authorized	Corporate Off	icer		
DATE:	TELEPI	HONE NUMBER:	4)	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCA	AL LICENS	ING AUTHO	DRITY
DATE:						